

EXHIBIT 17

Massachusetts Registry of Motor Vehicles RMV-1 Application Form (617) 351-4500 http://www.massrmv.com				3. Number of Documents <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap) <input type="checkbox"/> Address Change		ORIGINAL	
1. Reg Exp Date		2. Reg Exp Date		5. Plate Type		6. Registration Number	
7. Previous Title #		8. State					
Registration/Vehicle Information				10. Vehicle Identification Number:			
Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other				11. H D 1 B M Y 4 7 3 Y 0 8 5 4 3 6			
12. Make HD		13. Model Name FLSTF T		14. Model #		15. Body Style MC	
16. Circle Color (s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple		17. # of Cylinders/Passengers/Doors 2 2 0					
19. Total Gross Weight (Laden)		20. Motor Power <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other		21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Owner 1 License #/State 014523987 MA		23. Owner 2 License #/State					
24. Owner 1 Name (Last, First, Middle) CONNELLY, MARK F				26. Owner 1 Date of Birth 2/10/1963			
25. Owner 2 Name (Last, First, Middle)				28. Owner 2 Date of Birth			
29. City/Town Where Vehicle is Principally Garaged:							
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Confidential